membrane by the introduction of sounds may result in a single flow, but can only be used in exceptional cases. In the use of electricity it is believed that the faradic current is the best, both poles being introduced into the uterine cavity, antiseptic precautions being observed. In choosing the current, that from a coil of wire thick and short, a current of quantity rather than of tension, is preferred. In case of imperfect development in uterus and ovaries, the current of tension, long and thin wire, may be preferred. The number of applications vary in number from five to thirty, and the duration from five to fifteen minutes. As to the commencement of the treatment, if the amenorrhœa is extreme, it should be begun immediately after the molimen, and continued daily; if it is slight, for ten days before the expected period will be sufficient.—*Therapeutische Monatshefte*, 1894, Heft 3, S. 110.

QUININE AS A REMEDY FOR ENURESIS.

DR. CHARLES S. POTTS believes that enuresis is probably caused in a large number of cases by the failure of the higher centres to properly control the reflex act by which one empties the bladder, associated with a general lack of muscular power and tone; it seemed rational, as quinine is a stimulant to the inhibitory centre, that it would prove useful. Two successful cases are reported, although the quinine seemed to lose its effect in time, necessitating an increase of dose.—*Therapeutic Gazette*, 1894, No. 4, p. 217.

BISMUTH SUBGALLATE (DERMATOL) IN DERMATOLOGY.

DR. J. ABBOTT CANTRELL sums up his experience in the use of this drug as follows: (1) The drug may not be toxic; this property was not investigated. (2) It is not superior to other iodoform substitutes, as iodol and aristol. (3) It does not hinder, but rather increases discharge. (4) It is decidedly irritating. (5) It is a stimulant, rather than an astringent. (6) It cannot take the place which has been allotted to it.—*Therapeutic Gazette*, 1894, No. 4, p. 234.

THE VALUE OF SUGAR AND THE EFFECT OF SMOKING IN MUSCULAR WORK.

DR. VAUGHAN HARLEY, from an elaborate series of experiments, has arrived at the following conclusions: (1) The periods of digestion, as well as the kinds of food taken, have a marked influence on voluntary muscular energy. (2) Irrespective of the influence of food there is a periodical diurnal rise and fall in the power of performing muscular work. (3) More work can be done after than before midday. (4) The minimum amount of muscular power is in the morning, about 9 o'clock; the maximum about 3 P.M. (5) Regular muscular exercise not only increases the size and power of the muscles, but has the effect of markedly delaying the approach of fatigue. (6) The amount of work performed on a diet of sugar alone is almost equal to that obtained on a full diet; fatigue, however, setting in sooner. (7) In fasting, large quantities of sugar (sixteen ounces) can increase the power of doing muscular work during thirty voluntary contractions from 26 to 33 per cent., and the total gain in a day's work may be 61 to 76 per cent., the time before fatigue sets in being also lengthened. (8) The effect of sugar is so great that when added to a small meal it can increase the muscular power during thirty contractions from 9 to 21 per cent., while the total increase of work may be from 6 to 39 per cent., the approach of fatigue being at the same time retarded. (9) When added to a large, mixed meal, sugar can increase the muscular power of thirty contractions 2 to 7 per cent.; the increase in total work being 8 to 16 per cent., and a marked increase in the resistance to fatigue is shown. (10) Eight ounces of sugar taken in addition to a full diet, increases the day's work. The work accomplished during thirty voluntary contractions shows a gain of from 6 to 28 per cent., the total day's work giving an increase of power 9 to 36 per cent., and the time before fatigue sets in being lengthened. (11) Moderate smoking, although it may have a slight influence in diminishing the power of doing voluntary muscular work, neither stops the morning rise nor, when done early in the evening, hinders the evening fall. (12) Sugar taken early in the evening is capable of obliterating the diurnal fall in muscular power that occurs at this time, and increases the resistance to fatigue.—*Journal of Physiology*, 1894, Nos. 1 and 2, p. 97.

THE ANTISEPTIC PROPERTIES OF OIL OF CINNAMON.

DR. D. BRADEN KYLE has used the Ceylon oil in the treatment of infective varieties of nasal, laryngeal, and aural affections, with marked success. He explains the action of the oil as follows: The germ being an albuminous compound, composed mainly of nitrogen, oxygen, and hydrogen, and being enclosed in a capsule of varying thickness, the chemical composition of which is cellulose, when brought into contact with the active principle of the oil, the cinnamic acid, has its cell-wall contracted, which practically deprives the germ of its nutrition. By microscopical examination this theory is confirmed. In cases in which the solution of the oil, 1:500, was put to the clinical test the wounds healed by first intention. However, it is not a safe antiseptic for surgical work, but it is a good mucous membrane antiseptic. It is not, however, a germicide.—*Therapeutic Gazette*, 1894, No. 4, p. 232.

THE MECHANICAL TREATMENT OF ANASARCA.

DR. H. CURSCHMANN recalls the fact that for many years, and even now, incisions are resorted to in marked anasarca, although the tendency toward erysipelatous infection in the œdematous skin is very great. It is necessary to make as small and as few incisions in the skin as is possible, and experiments have been made with small canulas, needles of hypodermatic syringes, the finest possible trocars. Southey's trocars [formerly better known] have been used, the form of the canula and the point of the trocar having been modified, although these are uncomfortable and even painful for the patient. With this, as well as the other method, absolute antisepsis must be secured. Since 1882 he has employed a small glass funnel, which is placed over the site of the incision, and which is connected with a rubber tube leading to a receptacle for the escaping fluid. The fluid is thus rapidly removed, and the wound is protected from harmful outside influences, for the funnel can be attached to the skin by adhesive plaster or by iodoform collodion. Of late he has devised an instrument built upon the plan of the funnel, but with a